

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 612188006US	
Application Number      10/817,050-Conf. #2237		Filed      April 2, 2004	
For      METHOD AND SYSTEM FOR ENABLING COLLABORATIVE AUTHORIZING OF HIERARCHICAL DOCUMENTS WITH VERSIONING			
Art Unit      2176		Examiner      W. L. Bashore	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60      \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by EFT Account SEA1PIRM is hereby authorized.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies or credit any overpayment to Deposit Account Number <u>50-0665</u> .			
WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>62,403</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		<u>July 17, 2008</u> _____ Date	
<u>Joseph F. Brennan</u> _____ Typed or printed name		<u>(206) 359-8000</u> _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			